

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kononen et al.

Application No. 09/622,686

Filed: October 12, 2000

For: TUMOR TISSUE MICROARRAYS FOR  
RAPID MOLECULAR PROFILING

Examiner: To be assigned

Date: November 21, 2000



Art Unit: To be assigned

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service on November 21, 2000 as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231.

William D Noonan  
William D. Noonan, M.D.  
Attorney for Applicant

PATENT

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INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. § 1.97(b)(3)

TO THE COMMISSIONER FOR PATENTS  
Washington, DC 20231

Sir:

Listed on the accompanying form PTO-1449 and enclosed herewith are several English-language documents. Applicants respectfully request that these documents be listed as references cited on the issued patent.

Applicants filed this Information Disclosure Statement before the mailing date of a first Office action on the merits. However, if the Patent Office determines that a fee is required for Applicants to file this Information Disclosure Statement, please charge any such fees, or credit overpayment, to Deposit Account No. 02-4550.

Respectfully submitted,

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GAU 1631

PATENT  
Attorney Reference Number 4239-55593

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kononen et al.

Application No. 09/622,686

Filed: August 18, 2000

For: TUMOR TISSUE MICROARRAYS FOR  
RAPID MOLECULAR PROFILING

Examiner: To be assigned

Date: November 21, 2000



Art Unit: To be assigned

CERTIFICATE OF MAILING

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*William D Noonan*

William D. Noonan, M.D.  
Attorney for Applicant

TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS  
Washington, DC 20231

Enclosed for filing in the application referenced above are the following:

- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 and references cited thereon.
- ☒ The Director is hereby authorized to charge any additional fees which may be required, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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